

State of Minnesota

County _____

Conciliation Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff #1

Name _____

Address _____

City/State/Zip _____

VS.

Defendant #1

Name _____

Address _____

City/State/Zip _____

P
L
E
A
S
EP
R
I
N
T**Plaintiff #2**

Name _____

Address _____

City/State/Zip _____

VS.

Defendant #2

Name _____

Address _____

City/State/Zip _____

**Demand for Removal/Appeal From Conciliation Court to
District Court and Affidavit of Good Faith**

State of Minnesota)

County of _____)

To _____ the above named ☐ plaintiff ☐ defendant._____, being sworn/affirmed on oath states:
(Appellant or Attorney)

That the appealing party is aggrieved by the judgment in Conciliation Court and hereby
demands the removal of the above case from Conciliation Court to the District Court for trial
De Novo (new trial) by ☐ court ☐ jury.

AND

That this appeal is made in good faith and not for the purpose of delay.

(Sign only in front of notary public or court deputy.)

Dated: _____

 Signature of Attorney or the Party if pro se
 If appealing party is a corporation, the party's attorney must sign

Name of Attorney, or party if pro se:

Sworn/affirmed before me this

_____ day of _____.

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Notary Public \ Deputy Court Administrator

State of Minnesota**Conciliation Court**

County

Judicial District: _____

Court File Number: _____

Case Type: _____

State of Minnesota)

)

County of _____)

Affidavit of Service

_____, being sworn/affirmed on oath, says I am at least eighteen (18)

years of age and not a party to the above-entitled matter. On (date) _____

I served the attached Demand for Removal/Appeal From Conciliation Court to District Court and Affidavit upon _____ by:

(Name of opposing party served or opposing party's lawyer)

Check one:

☐ (Service by First Class Mail) Placing in an envelope a true and correct copy of each document addressed to _____ at _____ in the City of _____, State of _____, Zip Code _____ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of _____, in the State of _____.

☐ (Personal Service) Personally by handing to and leaving with him/her a true and correct copy.

☐ Substituted Personal Service) At his/her usual abode at _____
(Street, City, State)

by handing to and leaving a true and correct copy with _____
a person of suitable age, (eighteen (18) years or older) and discretion who also resides at that address.

☐ (Personal Service on a Corporation or a Partnership) Personally delivering true and correct copy to:

☐ Agent authorized to receive service of Process:

(Name of agent served)

☐ Officer, Managing Agent, or Member of the entity:

(Name and title of person served)

Sworn/affirmed before me this

_____ day of _____, _____.

Signature of person who served papers

(Sign only in front of notary public or court administrator.)

Notary Public \ Deputy Court Administrator